



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor application of: Yury Shapiro, et al.

Attorney Docket No.: IDTXP026

Application No.: 09/637,063

Examiner: Unknown

Filed: August 11, 2000

Group: 2721

Title: FINGERPRINT IMAGING DEVICE

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on September 9, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: _____

Valerie Olsen

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
37 CFR §§1.56 AND 1.97(b)**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants submit the references listed on the attached form PTO-1449, copies of which are enclosed.

This statement is believed to be filed before the mailing date of a first Office Action on the merits. Accordingly, it is believed that no fees are due in connection with the filing of this Supplemental Information Disclosure Statement. However, if it is determined that any fees are due, the Commissioner is hereby authorized to charge such fees to Deposit Account 500388 (Order No. IDTXP026).

Dated: _____

9/9/03

Respectfully submitted,

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Form 1449 (Modified) Supplemental Information Disclosure Statement By Applicant (Use Several Sheets if Necessary)	Atty Docket No. IDTXP026	Application No.: 09/637,063
	Applicant: Yury Shaprio, et al. Filing Date August 11, 2000	Group 2721

U.S. Patent Documents

Examiner Initial	No.	Patent No.	Date	Patentee	Class	Sub-class	Filing Date
	A	4,353,056	10/1982	Tsikos			
	B	5,650,842	07/1997	Maase			
	C	5,689,576	11/1997	Schneider et al.			
	D	5,737,439	04/1998	Lapsley et al.			
	E	5,953,441	09/1999	Setlak			
	F	6,175,641	01/2001	Kallo et al.			
	G	6,292,576	09/2001	Brownlee			
	H						
	I						

Foreign Patent or Published Foreign Patent Application

Examiner Initial	No.	Document No.	Publication Date	Country or Patent Office	Class	Sub-class	Translation	
							Yes	No
	J							
	K							
	L							
	M							
	N							

Other Documents

Examiner Initial	No.	Author, Title, Date, Place (e.g. Journal) of Publication
	O	
	P	
	Q	
Examiner		Date Considered

Examiner: Initial citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.